## STATEMENT OF

FORM 1	ORGAN (See inst	IZATION ructions)	Off	ice use only
NAME OF COMMITTEE (in	(Check if nan is changed)	ne Example: If typying, type over the lines	12FE4M5	
ARCELORMIT	TAL USA LLC GOOD GOVE	RNMENT COMMITTEE		
ADDRESS (number and	street) 1808 Eye Street	NW 5th Floor		
(Check if address				
is changed)	Washington		J DC L	20006
		CITY▲	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MA	L ADDRESS (Please provide only o			
(Check if address is changed)	anita.pandolfe@	Parcelormittal.com		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address				
is changed)			<u> </u>	
2. DATE 0 1	1 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA		C C00104109	•	
4 IC THIC CTATES	IENT X NEW (N)			
4. IS THIS STATEM	IENT X NEW (N)	OR AMENDED (A	<b>(</b> )	
I certify that I have exami	ned this Statement and to the best of n	ny knowledge and belief it is true, corr	ect and complete	
Type or Print Name of	Treasurer Anita JS Par	ndolfe		
Signature of Treasurer	Electronically Filed by Anita	JS Pandolfe	Date 0 1 /	31 / Y Y Y Y
NOTE: Submission of fa	se, erroneous, or incomplete information	on may subject the person signing this	•	of 2 U.S.C. §437g.
Office Use Only		For further informa Federal Election Con Toll Free 800-424-9 Local 202-694-1100	nmission 530	FEC FORM 1 (Revised 02/2009)